

0500909972.2/SIS

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

ST. PETER MEDICAL CENTER, P.C., (For Roy
Munson)

CASE NO. 2:19-cv-10979
HON.

Plaintiff,

vs.

ALLSTATE INSURANCE COMPANY,

Defendant.

Fancy Yaldo-Hill (P78046)
Attorney for Plaintiff
28900 Woodward Avenue
Royal Oak, MI 48067
(248) 399-9991
(248) 399-9996 (fax)
Fancylaw1@yahoo.com

Ernesto E. Bridgnanan (P74214)
Attorney for Defendant Allstate
27555 Executive Drive, Suite 270
Farmington Hills, MI 48331-3570
(248) 324-1621
(866) 537-7795 (fax)
ebrii@allstate.com

**NOTICE OF REMOVAL OF CAUSE
TO UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN, SOUTHERN DIVISION**

1. On February 1, 2019, Plaintiffs commenced this cause of action in the Circuit Court for the County of Macomb, State of Michigan, by filing a Summons and Complaint in which Allstate Property and Casualty Insurance Company is a named Defendant. (See **Exhibit 1**, Summons and Complaint).

2. Plaintiff has alleged this cause of action to have arisen out of an event(s) which occurred in the County of Macomb, State of Michigan. (See **Exhibit 1**)

3. That this action is a suit at common law of a civil nature and the amount involved, exclusive of interest and costs, upon information and belief, based upon the allegations regarding no-fault benefits allegedly incurred by medical provider plaintiffs in his Complaint. Upon good faith, Defendant believes Plaintiffs are seeking damages in excess of \$75,000.00. Attachments to the Plaintiff's Complaint indicates is claiming \$98,607.50. Plaintiff's Complaint also states that it is claiming statutory interest and attorney fees. (See **Exhibit 1**)

4. Defendant Allstate Insurance Company shows this Honorable Court that this action involves a controversy between citizens of different states, in that:

(A) Plaintiff is a resident of the County of Macomb, State of Michigan.

(B) Defendant, Allstate Property and Casualty Insurance Company, is a resident of the State of Illinois by virtue of being incorporated under the laws of the State of Illinois and having its principal place of business in Illinois. Defendant is not a citizen of the State of Michigan.

5. This Notice of Removal is hereby filed with this Court, within thirty (30) days after receipt by Defendant of a copy of the initial pleading setting forth a claim for relief upon which this action is based, as required by 28 U.S.C. §1446(b), a copy of that pleading having been received by Defendant by certified mail on March 7, 2019.

6. Written notice of filing this removal has been given to all adverse parties as required by law and a copy of the Notice of Removal has been filed with the Clerk of the Court for the County of Macomb, State of Michigan.

7. Attached is a copy of all process and pleadings served upon Defendant Allstate in this case. (See **Exhibit 1**)

WHEREFORE, Defendant herein, respectfully requests that this Honorable Court enter its Order for removing this cause from the Circuit Court for the County of Macomb, State of Michigan, to the United States District Court, Eastern District of Michigan, Southern Division.

Respectfully submitted,

/s/ Ernesto E. Bridgnanan

Ernesto E. Bridgnanan (P74214)
Attorney for Defendant(s), ALLSTATE
PROPERTY AND CASUALTY
INSURANCE COMPANY

Dated: April 3, 2019

PROOF OF SERVICE	
The undersigned certifies that the foregoing instrument was served on all parties, or their attorneys of record, in the action noted above, at their last known address on;	
April 3, 2019. Service was performed by:	
<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> Fax
<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Overnight Express
<input checked="" type="checkbox"/> Other (e-file)	
Signature: <u>/s/ Ernesto E. Bridgnanan</u>	

Exhibit 1

Approved, SCAO

Original - Court
1st copy - Defendant2nd copy - Plaintiff
3rd copy - Return

STATE OF MICHIGAN JUDICIAL DISTRICT 16th JUDICIAL CIRCUIT COUNTY PROBATE	SUMMONS	CASE NO. 2019 427 -NF
Court address 40 N. Main Street, Mt. Clemens, MI 48043-5656		Court telephone no. 586-469-5208

Plaintiff's name(s), address(es), and telephone no(s).

ST. PETER MEDICAL CENTER, P.C.
(For Roy Munson)

Plaintiff's attorney, bar no., address, and telephone no.

L. LOUIE ANDREPOULOS (P45136)
 FANCY YALDO-HILL (P78046)
 Andreopoulos & Hill, PLLC
 28900 Woodward Avenue, Royal Oak, MI 48067
 (248) 399-9991; Fax: (248) 399-9996
 andhilllaw@sbcglobal.net

Defendant's name(s), address(es), and telephone no(s).

ALLSTATE INSURANCE COMPANY

v

Instructions: Check the items below that apply to you and provide any required information. Submit this form to the court clerk along with your complaint and, if necessary, a case inventory addendum (form MC 21). The summons section will be completed by the court clerk.

Domestic Relations Case

- ☐ There are no pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.
- ☒ There is one or more pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint. Attached is a completed case inventory (form MC 21) listing those cases.
- ☐ It is unknown if there are pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.

Civil Case

- ☒ This is a business case in which all or part of the action includes a business or commercial dispute under MCL 600.8035.
- ☒ There is no other pending or resolved civil action arising out of the same transaction or occurrence as alleged in the complaint.
- ☐ A civil action between these parties or other parties arising out of the transaction or occurrence alleged in the complaint has been previously filed in ☐ this court, ☐ _____ Court, where it was given case number _____ and assigned to Judge _____.
- ☐ The action ☐ remains ☐ is no longer pending.

Summons section completed by court clerk.

SUMMONS

NOTICE TO THE DEFENDANT: In the name of the people of the State of Michigan you are notified:

1. You are being sued.
2. **YOU HAVE 21 DAYS** after receiving this summons and a copy of the complaint to **file a written answer with the court** and serve a copy on the other party or **take other lawful action with the court** (28 days if you were served by mail or you were served outside this state).
3. If you do not answer or take other action within the time allowed, judgment may be entered against you for the relief demanded in the complaint.
4. If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

Issue date FEB - 1 2019	Expiration date* MAY - 3 2019	Court <i>Frederick Miller</i>
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*This summons is invalid unless served on or before its expiration date. This document must be sealed by the seal of the court.

STATE OF MICHIGAN
IN THE CIRCUIT COURT FOR THE COUNTY OF MACOMB

ST. PETER MEDICAL CENTER, P.C.,
(For Roy Munson)

Plaintiff,

Case no. 19- 427 NF

vs.

Hon. **MICHAEL E. SERVITTO**

ALLSTATE INSURANCE COMPANY,

Defendant.

L. LOUIE ANDREOPOULOS (P45136)
DAVID T. HILL (P48771)
FANCY YALDO-HILL (P78046)
Andreopoulos & Hill, PLLC
Attorneys for Plaintiffs
28900 Woodward Avenue
Royal Oak, MI 48067
(248) 399-9991; Fax 248-399-9996

FILED
FEB -1 2019

There is no other pending or resolved civil action arising out of the same transaction or occurrence as alleged in this Complaint.

ANDREOPOULOS & HILL, PLLC

/s/ Fancy Yaldo-Hill

L. LOUIE ANDREOPOULOS (P45136)
DAVID T. HILL (P48771)
FANCY YALDO-HILL (P78046)

COMPLAINT AND DEMAND FOR JURY TRIAL

NOW COMES the Plaintiff, ST. PETER MEDICAL CENTER, P.C., by its undersigned counsel, and its cause of action against the Defendant, state as follows:

1. Plaintiff ST. PETER MEDICAL CENTER, P.C., is a corporation or business enterprise authorized to do business in the State of Michigan, and at all times pertinent hereto, conducted business in the City of Sterling Heights, Macomb County, Michigan.

2. Defendant, ALLSTATE INSURANCE COMPANY conducts a regular part of its business in Wayne County, Michigan.

3. That ROY MUNSON, was insured with Defendant ALLSTATE INSURANCE COMPANY under provisions of an automobile insurance policy issued to ROY MUNSON, Claim No. 367800269A, that was then in effect in accordance with the provisions of MCL 500.3101 et seq. of the No-Fault Automobile Insurance Act, and for which applicable premiums were paid.

4. Under the terms and conditions of the automobile insurances policy, Defendant ALLSTATE INSURANCE COMPANY became obligated to pay to or on behalf of ROY MUNSON certain expenses or losses in the event she sustained accidental bodily injury in an accident arising out of the ownership, operation, maintenance or use of a motor vehicle.

5. As a result of motor vehicle accident of May 4, 2018, ROY MUNSON sustained accidental bodily injuries within the meaning of the Defendant's policy and the statutory provisions of MCL 500.3105. As a result of the motor vehicle accident, ROY MUNSON incurred reasonable and necessary expenses for care, recovery, or rehabilitation and transportation including allowable expenses per MCL 500.310(1)(a) consisting of expenses incurred at Plaintiff's facility.

6. Pursuant to MCL 500.3112, personal protection insurance benefits are payable for bills incurred for reasonable charges for products, services and accommodations for the benefits of Defendant's insured ROY MUNSON, recovery or rehabilitation, and said benefits are payable to Plaintiffs.

7. Pursuant to MCL 600.1405, Plaintiff is a third-party beneficiary of the insurance contract between Defendant and ROY MUNSON and as such, is entitled to enforce the contractual and legal obligation to pay allowance expenses per MCL 500.3101 et seq. and the applicable contract of insurance.

8. Defendant has refused to pay Plaintiff and/or have unreasonably delayed in making proper payments to Plaintiff of personal protection insurance benefits in accordance with the applicable no-fault and contact provisions.

9. Reasonable proof for full payment of personal protection insurance benefits has been or will be supplied, but Defendant has refused to pay benefits.

10. Defendant has unreasonably refused to pay and/or delayed in making payment of no-fault benefits, contrary to MCLA 500.3148, for which an attorney fee will be sought.

WHEREFORE, Plaintiff demands judgment against ALLSTATE INSURANCE COMPANY in whatever amount Plaintiff is found to be entitled to exceeding \$25,000.00, plus interest under the No-Fault Insurance Act, MCLA 600.6013, costs and no-fault attorney fees, if awarded by this court.

ANDREOPOULOS & HILL, PLLC

Dated: January 31, 2019

/s/ Fancy Yaldo-Hill
DAVID T. HILL (P48771)
L. LOUIE ANDREOPOULOS (P45136)
FANCY YALDO-HILL (P78046)
Attorney for Plaintiff
28900 Woodward Avenue
Royal Oak, MI 48067
(248) 399-9991

Law Offices of Required parameters are
missing or incorrect.
28900 Woodward Avenue
Royal Oak, MI 48067

STATE OF MICHIGAN
IN THE CIRCUIT COURT FOR THE COUNTY OF MACOMB

ST. PETER MEDICAL CENTER, P.C.,
(For Roy Munson)

Plaintiff,

Case no. 19-_____ NF

vs.

HON. _____

ALLSTATE INSURANCE COMPANY,

Defendant.

L. LOUIE ANDREOPOULOS (P45136)
DAVID T. HILL (P48771)
FANCY YALDO-HILL (P78046)
Andreopoulos & Hill, PLLC
Attorneys for Plaintiffs
28900 Woodward Avenue
Royal Oak, MI 48067
(248) 399-9991; Fax 248-399-9996

FEB -1 2019

DEMAND FOR JURY TRIAL

Plaintiff, by and through its attorneys, ANDREOPOULOS & HILL, PLLC, hereby demands a trial
by jury in the above-entitled action,

ANDREOPOULOS & HILL, PLLC

Dated: January 31, 2019

/s/ Fancy Yaldo-Hill

DAVID T. HILL (P48771)
L. LOUIE ANDREOPOULOS (P45136)
FANCY YALDO-HILL (P78046)
Attorney for Plaintiff
28900 Woodward Avenue
Royal Oak, MI 48067
(248) 399-9991

Printed on 01/02/2019 Wednesday 13:04:38

FEL

Name: MUNSON, ROY				Acct# 209740		Phone 248-895-6790		Cash Bal 0.00	
e	DR01	Ref		Marital Unknown		SSN [REDACTED]		Work	
Address 3825 HAZELTON AVE ROCHESTER HILLS, MI 48307								Ins Bal 98,607.50	
rt DOI 5-4-2018								Birthday [REDACTED]	
te								First Visit 05/09/2018	
								Last Date 08/15/2018	

Financial Code AA	Ins Code ALLST	Insured's Name MUNSON, ROY		Relation Self
No# 0500909972	Group Number		Phone 248-895-6790	Birthday [REDACTED]
Address 3825 HAZELTON AVE ROCHESTER HILLS, MI 48307				Participate Yes
Name & Address STATE PIP/MED PAY, PO BOX 2874, CLINTON, IA 52733-2874				Assignment Yes
Financial Code MR	Ins Code MR	Insured's Name MUNSON, ROY		Relation Self
No# [REDACTED]	Group Number		Phone 248-895-6790	Birthday [REDACTED]
Address 3825 HAZELTON AVE ROCHESTER HILLS, MI 48307				Participate Yes
Name & Address DICARE PART B, PO BOX 5533, MARION, IL 62959				Assignment Yes

Transactions

[illegible]

Item	Service Date	Proc Code	Service		Expect	Pat	Cash	Ins	Participant		Adjust	Balance		RefID
			DX	DR					Charge	Charge		Paid	Paid	
355	05/16/2018	97010	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	718811
355	05/16/2018	97014	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	718812
355	05/16/2018	97035	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	718813
355	05/16/2018	97110	M54.5	04	160.00	160.00	0.00	0.00	0.00	0.00	0.00	0.00	160.00	718814
355	05/16/2018	97112	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	718815
355	05/16/2018	97140	M54.5	04	160.00	160.00	0.00	0.00	0.00	0.00	0.00	0.00	160.00	718816
356	05/16/2018	97530	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	718817
351	05/18/2018	97010	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	719271
351	05/18/2018	97014	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	719272
351	05/18/2018	97035	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	719273
351	05/18/2018	97110	M54.5	04	160.00	160.00	0.00	0.00	0.00	0.00	0.00	0.00	160.00	719274
351	05/18/2018	97112	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	719275
351	05/18/2018	97140	M54.5	04	160.00	160.00	0.00	0.00	0.00	0.00	0.00	0.00	160.00	719276
352	05/18/2018	97530	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	719277
392	05/21/2018	97010	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	719458
392	05/21/2018	97014	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	719459
392	05/21/2018	97035	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	719460
392	05/21/2018	97110	M54.5	04	160.00	160.00	0.00	0.00	0.00	0.00	0.00	0.00	160.00	719461
392	05/21/2018	97112	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	719462
392	05/21/2018	97140	M54.5	04	160.00	160.00	0.00	0.00	0.00	0.00	0.00	0.00	160.00	719463
393	05/21/2018	97530	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	719464
386	05/30/2018	97010	M54.2	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	722135
386	05/30/2018	97014	M54.2	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	722136
386	05/30/2018	97035	M54.2	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	722137
386	05/30/2018	97110	M54.2	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	722138
386	05/30/2018	97112	M54.2	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	722139
386	05/30/2018	97140	M54.2	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	722140
387	05/30/2018	97530	M54.2	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	722141
342	06/01/2018	97010	M54.2	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	722393
342	06/01/2018	97014	M54.2	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	722394
342	06/01/2018	97035	M54.2	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	722395
342	06/01/2018	97110	M54.2	04	160.00	160.00	0.00	0.00	0.00	0.00	0.00	0.00	160.00	722396
342	06/01/2018	97112	M54.2	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	722397
342	06/01/2018	97140	M54.2	04	160.00	160.00	0.00	0.00	0.00	0.00	0.00	0.00	160.00	722398
343	06/01/2018	97530	M54.2	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	722399
208	06/04/2018	99215	M54.2	01	200.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00	719974
208	06/04/2018	G8427	M54.2	01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	719975
208	06/04/2018	80307	Z79.89	01	600.00	600.00	0.00	0.00	0.00	0.00	0.00	0.00	600.00	719976
384	06/05/2018	64493	M12.88	01	2,000.00	2,000.00	0.00	0.00	0.00	0.00	0.00	0.00	2,000.00	723353
384	06/05/2018	64493	M12.88	01	2,000.00	2,000.00	0.00	0.00	0.00	0.00	0.00	0.00	2,000.00	723354
384	06/05/2018	64494	M12.88	01	1,800.00	1,800.00	0.00	0.00	0.00	0.00	0.00	0.00	1,800.00	723355
384	06/05/2018	64494	M12.88	01	1,800.00	1,800.00	0.00	0.00	0.00	0.00	0.00	0.00	1,800.00	723356
384	06/05/2018	J3301	M12.88	01	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	723357
Reference: KENALOG 40ML														
384	06/05/2018	64483	M12.88	01	1,800.00	1,800.00	0.00	0.00	0.00	0.00	0.00	0.00	1,800.00	723358
385	06/05/2018	64484	M12.88	01	1,500.00	1,500.00	0.00	0.00	0.00	0.00	0.00	0.00	1,500.00	723359
385	06/05/2018	J1030	M12.88	01	30.00	30.00	0.00	0.00	0.00	0.00	0.00	0.00	30.00	723360
385	06/05/2018	A4550	M12.88	01	600.00	600.00	0.00	0.00	0.00	0.00	0.00	0.00	600.00	723361
308	06/06/2018	97010	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	723888

[illegible]

Item	Service Date	Proc Code	DX	DR	Service Charge	Expect Ins	Pat Charge	Cash Paid	Ins Paid	Participat Adjust		Balance		
												Cash	Ins	RefID
335	07/31/2018	97014	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	741133
335	07/31/2018	97035	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	741134
335	07/31/2018	97110	M54.5	04	160.00	160.00	0.00	0.00	0.00	0.00	0.00	0.00	160.00	741135
335	07/31/2018	97112	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	741136
335	07/31/2018	97140	M54.5	04	160.00	160.00	0.00	0.00	0.00	0.00	0.00	0.00	160.00	741137
336	07/31/2018	97530	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	741138
312	08/07/2018	97010	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	741477
312	08/07/2018	97014	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	741478
312	08/07/2018	97035	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	741479
312	08/07/2018	97110	M54.5	04	160.00	160.00	0.00	0.00	0.00	0.00	0.00	0.00	160.00	741480
312	08/07/2018	97112	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	741481
312	08/07/2018	97140	M54.5	04	160.00	160.00	0.00	0.00	0.00	0.00	0.00	0.00	160.00	741482
315	08/07/2018	97530	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	741483
387	08/08/2018	97010	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	741824
387	08/08/2018	97014	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	741825
387	08/08/2018	97035	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	741826
387	08/08/2018	97110	M54.5	04	160.00	160.00	0.00	0.00	0.00	0.00	0.00	0.00	160.00	741827
387	08/08/2018	97112	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	741828
387	08/08/2018	97140	M54.5	04	160.00	160.00	0.00	0.00	0.00	0.00	0.00	0.00	160.00	741829
388	08/08/2018	97530	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	741830
570	08/08/2018	T2003	M54.5	TR	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	748110
570	08/08/2018	S0215	M54.5	TR	60.00	60.00	0.00	0.00	0.00	0.00	0.00	0.00	60.00	748111
570	08/08/2018	T2007	M54.5	TR	25.00	25.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00	748112
571	08/10/2018	T2003	M54.5	TR	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	748113
571	08/10/2018	S0215	M54.5	TR	60.00	60.00	0.00	0.00	0.00	0.00	0.00	0.00	60.00	748114
571	08/10/2018	T2007	M54.5	TR	50.00	50.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	748115
353	08/13/2018	97010	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	741673
353	08/13/2018	97014	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	741674
353	08/13/2018	97035	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	741675
353	08/13/2018	97110	M54.5	04	160.00	160.00	0.00	0.00	0.00	0.00	0.00	0.00	160.00	741676
353	08/13/2018	97112	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	741677
353	08/13/2018	97140	M54.5	04	160.00	160.00	0.00	0.00	0.00	0.00	0.00	0.00	160.00	741678
354	08/13/2018	97530	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	741679
573	08/13/2018	T2003	M54.5	TR	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	748121
573	08/13/2018	S0215	M54.5	TR	60.00	60.00	0.00	0.00	0.00	0.00	0.00	0.00	60.00	748122
573	08/13/2018	T2007	M54.5	TR	50.00	50.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	748123
302	08/15/2018	97010	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	742978
302	08/15/2018	97014	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	742979
302	08/15/2018	97035	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	742980
302	08/15/2018	97110	M54.5	04	160.00	160.00	0.00	0.00	0.00	0.00	0.00	0.00	160.00	742981
302	08/15/2018	97112	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	742982
302	08/15/2018	97140	M54.5	04	160.00	160.00	0.00	0.00	0.00	0.00	0.00	0.00	160.00	742983
303	08/15/2018	97530	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	742984
994	08/15/2018	99215	M54.2	01	200.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00	744835
994	08/15/2018	G8427	M54.2	01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	744836
575	08/15/2018	T2003	M54.5	TR	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	748129
575	08/15/2018	S0215	M54.5	TR	60.00	60.00	0.00	0.00	0.00	0.00	0.00	0.00	60.00	748130
575	08/15/2018	T2007	M54.5	TR	12.50	12.50	0.00	0.00	0.00	0.00	0.00	0.00	12.50	748131
014	08/22/2018	97010	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	744906

Item	Service Date	Proc Code	DX	DR	Service Charge	Expect Ins	Pat Charge	Cash Paid	Ins Paid	Participat Adjust	Adjust	Balance		RefID
												Cash	Ins	
114	08/22/2018	97014	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	744907
114	08/22/2018	97035	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	744908
114	08/22/2018	97110	M54.5	04	160.00	160.00	0.00	0.00	0.00	0.00	0.00	0.00	160.00	744909
114	08/22/2018	97112	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	744910
114	08/22/2018	97140	M54.5	04	160.00	160.00	0.00	0.00	0.00	0.00	0.00	0.00	160.00	744911
115	08/22/2018	97530	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	744912
576	08/22/2018	T2003	M54.5	TR	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	748132
576	08/22/2018	S0215	M54.5	TR	60.00	60.00	0.00	0.00	0.00	0.00	0.00	0.00	60.00	748133
576	08/22/2018	T2007	M54.5	TR	25.00	25.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00	748134
140	08/24/2018	97010	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	745346
140	08/24/2018	97014	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	745347
140	08/24/2018	97035	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	745348
140	08/24/2018	97110	M54.5	04	160.00	160.00	0.00	0.00	0.00	0.00	0.00	0.00	160.00	745349
140	08/24/2018	97112	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	745350
140	08/24/2018	97140	M54.5	04	160.00	160.00	0.00	0.00	0.00	0.00	0.00	0.00	160.00	745351
141	08/24/2018	97530	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	745352
186	08/27/2018	97010	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	745552
186	08/27/2018	97014	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	745553
186	08/27/2018	97035	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	745554
186	08/27/2018	97110	M54.5	04	160.00	160.00	0.00	0.00	0.00	0.00	0.00	0.00	160.00	745555
186	08/27/2018	97112	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	745556
186	08/27/2018	97140	M54.5	04	160.00	160.00	0.00	0.00	0.00	0.00	0.00	0.00	160.00	745557
187	08/27/2018	97530	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	745558
577	08/27/2018	T2003	M54.5	TR	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	748135
577	08/27/2018	S0215	M54.5	TR	60.00	60.00	0.00	0.00	0.00	0.00	0.00	0.00	60.00	748136
577	08/27/2018	T2007	M54.5	TR	25.00	25.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00	748137
247	08/29/2018	97010	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	745842
247	08/29/2018	97014	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	745843
247	08/29/2018	97035	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	745844
247	08/29/2018	97110	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	745845
247	08/29/2018	97112	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	745846
247	08/29/2018	97140	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	745847
248	08/29/2018	97530	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	745848
519	08/31/2018	97010	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	747757
519	08/31/2018	97014	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	747758
519	08/31/2018	97035	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	747759
519	08/31/2018	97110	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	747760
519	08/31/2018	97112	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	747761
519	08/31/2018	97140	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	747762
520	08/31/2018	97530	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	747763
586	09/06/2018	T2003	M54.5	TR	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	748168
586	09/06/2018	S0215	M54.5	TR	60.00	60.00	0.00	0.00	0.00	0.00	0.00	0.00	60.00	748169
586	09/06/2018	T2007	M54.5	TR	50.00	50.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	748170
587	09/06/2018	97010	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	748171
587	09/06/2018	97014	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	748172
587	09/06/2018	97035	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	748173
587	09/06/2018	97110	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	748174
587	09/06/2018	97112	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	748175
587	09/06/2018	97140	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	748176

Item	Service Date	Proc Code	DX	DR	Service Charge	Expect Ins	Pat Charge	Cash Paid	Ins Paid	Participat Adjust	Adjust	Balance		RefID
388	09/06/2018	97530	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	748177
384	09/07/2018	97010	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	747137
384	09/07/2018	97014	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	747138
384	09/07/2018	97035	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	747139
384	09/07/2018	97110	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	747140
384	09/07/2018	97112	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	747141
384	09/07/2018	97140	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	747142
385	09/07/2018	97530	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	747143
354	09/08/2018	INSPAY	M54.5		0.00	0.00	0.00	0.00	140.00	0.00	0.00	0.00	0.00	745826
354	09/08/2018	PARADJ	M54.5		0.00	0.00	0.00	0.00	0.00	0.00	50.00	0.00	0.00	745827
179	09/25/2018	97010	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	753739
179	09/25/2018	97014	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	753740
179	09/25/2018	97035	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	753741
179	09/25/2018	97110	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	753742
179	09/25/2018	97112	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	753743
179	09/25/2018	97140	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	753744
180	09/25/2018	97530	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	753745
229	09/27/2018	INSPAY	M54.5		0.00	0.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	750555
Reference: 380P209740														
229	09/27/2018	PARADJ	M54.5		0.00	0.00	0.00	0.00	0.00	0.00	65.00	0.00	0.00	750556
232	09/27/2018	INSPAY	M54.5		0.00	0.00	0.00	0.00	140.00	0.00	0.00	0.00	0.00	750557
Reference: 3802209740														
232	09/27/2018	PARADJ	M54.5		0.00	0.00	0.00	0.00	0.00	0.00	25.00	0.00	0.00	750558
305	10/04/2018	97010	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	756704
305	10/04/2018	97014	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	756705
305	10/04/2018	97035	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	756706
305	10/04/2018	97110	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	756707
305	10/04/2018	97112	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	756708
305	10/04/2018	97140	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	756709
306	10/04/2018	97530	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	756710
395	10/09/2018	97010	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	757186
395	10/09/2018	97014	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	757187
395	10/09/2018	97035	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	757188
395	10/09/2018	97110	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	757189
395	10/09/2018	97112	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	757190
395	10/09/2018	97140	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	757191
396	10/09/2018	97530	M54.5	04	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	757192
230	12/20/2018	INSPAY	M54.5		0.00	0.00	0.00	0.00	140.00	0.00	0.00	0.00	0.00	766731
Reference: 380P209740														
230	12/20/2018	PARADJ	M54.5		0.00	0.00	0.00	0.00	0.00	0.00	25.00	0.00	0.00	766732

ite: DX - Diagnosis
DR - Doctor

AM. Jank

ST. PETER MEDICAL CENTER

3058 Metro Pkwy, Ste 204

Sterling Heights, MI 48310

Phone: (586) 698-2169

ASSIGNMENT OF BENEFITS/POLICY RIGHTS

I, the undersigned patient, hereby assign the rights and benefits of insurance for the applicable personal injury protections, medical payments, and/or other insurances to St. Peter Center of services and/or injuries sustained in the accident of 5/4/18 to the undersigned patient and covered by Personal Injury Protection (PIP) Coverage or other insurance coverage under Allstate insurance company in accordance with Michigan Statue (). The undersigned agrees to pay any applicable deductible or co-paymer not covered by the PIP or other insurance coverage.

This assignment includes, but is not limited to, all rights to collect benefits directly from the insurance company for the service or services that I have received; and all the rights to proceed against the insurance company obligated to provide benefits of which I am due. This assignment also includes any right to recover attorney's fees and costs for such action brought by the provider as the Patient's assignee. I agree that St. Peter Medical Center may select any attorney he/she wishes and understand and agree that the attorney selected by them may be different than the attorney handling my personal injury/bodily claim or case. This assignment is only benefit already received, and therefore is signed in conformity with MCL 500.3143.

As part of the assignment of rights and benefits, I hereby instruct the insurance carrier that in the event the medical benefits received are disputed for any reason, including medical reasonableness and/or necessity that the amount of benefits claimed by St. Peter Medical Center is to be set aside and not disbursed until the dispute is resolved. As part of this assignment of rights and benefits, I further instruct the insurance carrier to notify the provider immediately of any dispute as to payment so that he/she may exercise their legal rights. I have read the information herein and it is true and correct to the best of my knowledge and belief.

Roy Munson
Patient's Printed Name

Roy Munson
Patient Signature

12/26/18
Date

PROVIDER:

The undersigned, on behalf of St. Peter Medical Center hereby accepts assignment of the insurance rights and benefits for the services rendered to Roy Munson to be paid directly to St. Peter Medical Center or other insurance coverage with Allstate Insurance Company and in accordance with (applicable law).

Dr. Labeed Nouri
Printed Name

Signature

0500909972.2/SIS

STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF MACOMB

St. Peter Medical Center, P.C., (For Roy Munson)

CASE NO. 2019-427-NF

HON. MICHAEL SERVITTO

Plaintiff,

vs.

Allstate Insurance Company,

Defendant.

Fancy Yaldo-Hill (P78046)

Attorney for Plaintiff

28900 Woodward Avenue

Royal Oak, MI 48067

(248) 399-9991

(248) 399-9996 (fax)

Fancylaw1@yahoo.com

Ernesto E. Bridgnanan (P74214)

Attorney for Defendant(s), Allstate Insurance

Company

27555 Executive Drive, Suite 270

Farmington Hills, MI 48331-3570

(248) 324-1621

(866) 537-7795 (fax)

NOTICE OF FILING OF REMOVAL

PLEASE TAKE NOTICE that a Notice of Removal of the entitled action from the Macomb County Circuit Court, State of Michigan, to the United States District Court for the Eastern District of Michigan, Southern Division, a copy of which is attached hereto (Exhibit A), was duly filed on April 3, 2019, in the United States District Court for the Eastern District of Michigan.

Respectfully submitted,

/s/ Ernesto E. Bridgnanan

Ernesto E. Bridgnanan (P74214)
Attorney for Defendant(s), ALLSTATE
PROPERTY AND CASUALTY
INSURANCE COMPANY

Dated: April 3, 2019

PROOF OF SERVICE	
The undersigned certifies that the foregoing instrument was served on all parties, or their attorneys of record, in the action noted above, at their last known address on;	
April 3, 2019. Service was performed by:	
<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> Fax
<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Overnight Express
<input checked="" type="checkbox"/> Other (e-file)	
Signature: <u>/s/ Ernesto E. Bridgnanan</u>	

0500909972.2/SIS

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

ST. PETER MEDICAL CENTER, P.C., (For Roy
Munson)

CASE NO. 2:19-cv-10979
HON.

Plaintiff,

vs.

ALLSTATE INSURANCE COMPANY,

Defendant.

Fancy Yaldo-Hill (P78046)
Attorney for Plaintiff
28900 Woodward Avenue
Royal Oak, MI 48067
(248) 399-9991
(248) 399-9996 (fax)
Fancylaw1@yahoo.com

Ernesto E. Bridgnanan (P74214)
Attorney for Defendant Allstate
27555 Executive Drive, Suite 270
Farmington Hills, MI 48331-3570
(248) 324-1621
(866) 537-7795 (fax)
ebrii@allstate.com


AFFIDAVIT

STATE OF MICHIGAN)
) ss.
COUNTY OF OAKLAND)

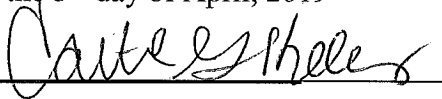
Ernesto E. Bridgnanan, being first duly sworn, deposes and says, that he has been charged with the defense and representation of the defendant herein; that in such capacity he has prepared the foregoing Notice for Removal of Cause to the United States District Court, Eastern District of

Michigan, Southern Division, that the matters set forth in said Notice are true except as to those matters stated herein to be upon his information and belief as to which matters he is informed and believes same to be true.

Further deponent saith not.


Ernesto E. Bridgnahan (P74214)

Subscribed and sworn to before me
on the 3rd day of April, 2019



Caitlin G. Kelly, Notary Public
County of Macomb acting in Oakland
State of Michigan
My Commission Expires: 9-1-2021
Acting in the County of _____

CAITLIN G. KELLY
NOTARY PUBLIC, STATE OF MI
COUNTY OF MACOMB
MY COMMISSION EXPIRES Sep 1, 2021
ACTING IN COUNTY OF Oakland

0500909972.2/SIS

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

ST. PETER MEDICAL CENTER, P.C., (For Roy
Munson)

CASE NO. 2:19-cv-10979
HON.

Plaintiff,

vs.

ALLSTATE INSURANCE COMPANY,

Defendant.

_____/

Fancy Yaldo-Hill (P78046)
Attorney for Plaintiff
28900 Woodward Avenue
Royal Oak, MI 48067
(248) 399-9991
(248) 399-9996 (fax)
Fancylaw1@yahoo.com

Ernesto E. Bridgnanan (P74214)
Attorney for Defendant Allstate
27555 Executive Drive, Suite 270
Farmington Hills, MI 48331-3570
(248) 324-1621
(866) 537-7795 (fax)
ebrii@allstate.com

_____ /

CERTIFICATE OF SERVICE

Ernesto E. Bridgnanan, being first duly sworn, deposes and says that on April 3, 2019, he caused to be served a true copy of NOTICE FOR REMOVAL, AFFIDAVIT and PROOF OF SERVICE upon the following:

Fancy Yaldo-Hill (P78046)
Attorney for Plaintiff
28900 Woodward Avenue
Royal Oak, MI 48067
(248) 399-9991
(248) 399-9996 (fax)
Fancylaw1@yahoo.com

Assignment Clerk
Macomb County Circuit Court
40 N. Main St.
Mount Clemens, MI

by electronically filing the foregoing documents with the Clerk of the Macomb County Circuit Court using the Truefiling Website.

Respectfully submitted,

/s/ Ernesto E. Bridgnanan

Ernesto E. Bridgnanan (P74214)
Attorney for Defendant(s), ALLSTATE
PROPERTY AND CASUALTY
INSURANCE COMPANY

Dated: April 3, 2019

PROOF OF SERVICE	
The undersigned certifies that the foregoing instrument was served on all parties, or their attorneys of record, in the action noted above, at their last known address on;	
April 3, 2019. Service was performed by:	
<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> Fax
<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Overnight Express
<input checked="" type="checkbox"/> Other (e-file)	
Signature: <u>/s/ Ernesto E. Bridgnanan</u>	